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## APPLICANTS

Larry Lunt, Brigham City, UT;

Mark L. Enders, Pleasant View, UT;  
Kurt Gammill, Layton, UT;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/29/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	UT	DRAWING 6	CLAIMS 63	CLAIMS 4
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

Sally J. Brown  
 AUTOLIV ASP, INC.  
 3350 Airport Road  
 Ogden , UT  
 84405

## TITLE

Expandable pelvic side airbag

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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